

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/110036</div>	FILING DATE					
							CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					